



Practitioner's Docket No. 55,156 (70904)  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: H. Katayama  
Application No.: 09/647,734      Group No.: 2652  
Filed: 10/04/2000      Examiner: Unassigned  
For: MAGNETIC RECORDING MEDIUM AND METHOD OF RECORDING

Assistant Commissioner for Patents  
Washington, D.C. 20231

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an Amendment for this application.

**STATUS**

2. Applicant is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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JAN 09 2001  
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**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))**

I hereby certify that, on the date shown below, this correspondence is being:

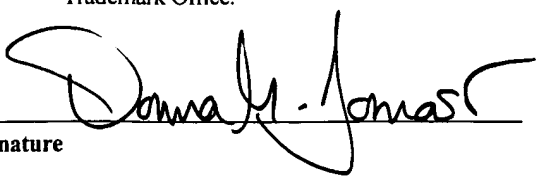
**MAILING**

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

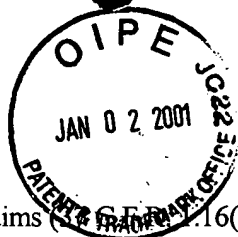
**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: December 28, 2000

  
\_\_\_\_\_  
Signature

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Donna M. Tomaso  
(type or print name of person certifying)



# FEE FOR CLAIMS

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4. The fee for claims (3.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	13	Minus	20	= 0	x \$0 =	\$0
Indep.	3	Minus	3	= 0	x \$0 =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
					Total	\$0
					Addit. Fee	\$0

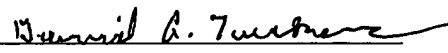
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$0

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 04-1105.  
If any additional fee for claims is required, charge Account No. 04-1105.

Customer No.: 21874

  
SIGNATURE OF PRACTITIONER  
David A. Tucker  
Reg. No. 27,840

Dike, Bronstein, Roberts & Cushman  
Intellectual Property Practice Group  
EDWARDS & ANGELL, LLP  
130 Water Street  
Boston, MA 02109  
Tel. No.: (617) 523-3400  
146945